

## (Please supply as much information as possible)

NEIGHBORHOOD:	
Person noticing the tree:	Property Owner (if other than reporter):
Name	Name
Address	Address
Phone (day) (eve)	Phone (day) (eve)
· · · · · · · · · · · · · · · · · · ·	Phone (day) (eve)
TREE DESCRIPTION	
1) Location (street address):	
2) Private Property Public 2	Property (park, parking strip, median, etc.)
3) Single Tree More than o	one (give number)
4) Species or variety (botanic or common name):	
5) Historical Facts:	
6) Height (approx): ft. Crow	wn (measure from one edge to opposite edge): ft.
7) Approximate Age: years	
8) Condition: Healthy Pru	ning Problem:
9) Noteworthy Features:	
Beauty Shade	Size Kind History
10) Please include a photo and narrative explain	ning why you feel the criteria for Heritage Trees has been met.

## Return Nomination Form to:

City of Tigard Attn: City Forester 13125 SW Hall Blvd. Tigard, OR 97223